

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20828

1. Entity Name

THE ITALIAN AMERICAN CLUB OF CENTURY VILLAGE, IN C.

Principal Place of Business

CENTURY VILLAGE
PEMBROKE PINES FL 33027
US

Mailing Address

1006SW 125 AVE
N-104
PEMBROKE PINES FL 33027
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2813828

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FACE, JAMES V
1006SW 125 AVE
APT N-104
PEMBROKE PINES FL 33027

(1000 S.W. 125 AVE)

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☐ Delete
NAME SIRHAM, SARA
STREET ADDRESS SW 15TH COURT
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME QUARTUCCIO, JAMES
STREET ADDRESS 12900 SW 7TH COURT STE B-209
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME CAPODANNO, JOHN C
STREET ADDRESS 601 SW 431ST AVE
CITY-ST-ZIP PEMBROKE PINES FL 33027 33027

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE FS ☐ Delete
NAME NOGAY, DOROTHY
STREET ADDRESS 13701 SW 12TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE ☒ Change ☐ Addition
NAME NOGAY, DOROTHY
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME PACE, JAMES V
STREET ADDRESS 1000 SW 125TH AVE #N104
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Delete
NAME ALESSI, LINDA
STREET ADDRESS 13455 SW 9TH COURT STE 413-5
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ Change ☒ Addition
NAME S. D'ANTONIO, MARY
STREET ADDRESS 13101 SW 15 CT., APT. R-203
CITY-ST-ZIP PEMBROKE PINES FL 33027

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90160 041 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

(954)

437-8030